

APPLICATION FOR REPLACEMENT SOCIAL SECURITY NUMBER CARD REF: 04156026559

APPLICANT NAME: MARIA DEL CARMEN COTTO GONZALEZ
 NAME AT BIRTH: MARIA DEL CARMEN COTTO GONZALEZ
 NAME TO BE SHOWN ON CARD: MARIA DEL CARMEN
 COTTO GONZALEZ

APPLICANT'S MAILING ADDRESS: 4549 WASHINGTON ST
 APT 130
 ROSLINDALE MA 02131

SEX: F BIRTH DATE: 06/04/1978

PLACE OF BIRTH: CAGUAS, RQ

MOTHER'S NAME AT HER BIRTH:

SONIA M GONZALEZ MEDINA

FATHER'S NAME: ANTONIO COTTO BAEZ

HAS THE APPLICANT OR ANYONE ACTING ON HIS/HER BEHALF EVER FILED FOR OR RECEIVED
 A SOCIAL SECURITY NUMBER CARD BEFORE? YES LAST SSN: 581-77-0671

CITIZENSHIP: U.S. CITIZEN

RACE/ETHNIC DESCRIPTION: HISPANIC

APPLICANT'S TELEPHONE: (857) 719-1589

----- WARNING -----

DELIBERATELY FURNISHING (OR CAUSING TO BE FURNISHED) FALSE INFORMATION
 ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH

SIGNATURE: *Maria D. Cotto G.*

DATE:

6/4/07

YOUR RELATIONSHIP TO APPLICANT: ☒ SELF ☐ OTHER (SPECIFY)

WITNESS (IF SIGNED BY MARK X):

WITNESS (IF SIGNED BY MARK X):

----- DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY) -----

DATE APPLICATION ENTERED: 06/04/04 DOC: 056

UNIT: SR4

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING
 EVIDENCE AND/OR CONDUCTING INTERVIEW:

DATE:

DATE:

IN-PERSON INTERVIEW CONDUCTED? YES

EVIDENCE OF CITIZENSHIP/ALIEN STATUS, IDENTITY, AND AGE NOT VERIFIED.
 TYPES OF EVIDENCE SUBMITTED: DOMINICAN ACCENT ALLEGING ONLY WORK ON 2
 003. THERE ARE EARNING POSTED PRIOR YEARS. MASS DL #581770671